U.S. Department of Labor Office of Labor-Managemen Standards S DO Washington, DC 20210

For Official Use Only

city 87. Louis

Form LM-30 (2003)

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

EMPLOYEE REPORI

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
1. File Number U-/2/3(/	2. Fiscal Year Covered From:  01/01/2004 Through: 12/31/2006
3. Name and address of person filing.  Name  Holanda Brown	4. Name, file number, and address of labor organization.  Name Laborer 5 International Union of North America  Labor Organization File Number 541-113
P.O. Box, Bldg., Room No., if any Street 4960 CalobiE	P.O. Box, Building and Room Number, if any Street 300 S. Grand

city St. Louis

5. Position in labor organization BusiNess Manager/Sec Treasurer

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

(except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZIP Code + 4	·	
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true correct, and complete. (See the section on penalties in the instructions.)		
Signed Jelande Part Brown	On 8/15/05 (3/4) 464-1983 Telephone Number	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		·	
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

## August 15th 2005

US Department of Labor Employee Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW Room N. 5616 Washington, DC 20210

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Re: Form LM-30 Filing for Yolanda Brown, Labor Organization File No.

## Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that , in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004

Sincerely

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